DIRECT DEPOSIT FORM - STOP ENROLLMENT

City of Scottsdale

Please contact the Payroll department at X22465 immediately if your account has been closed.

CHECKING	SAVINGS						
		BANK NAME		_	ACCOUNT #		
		BANK NAME		-	ACCOUNT #		
		BANK NAME		_	ACCOUNT #		
		BANK NAME		_	ACCOUNT #		
hereby author	ize the City of	f Scottsdale to stop my direct	deposit to the abo	ve account(s).			
Name (print)				_	Employe	ee Number	
Signature				_		Date	

Please send completed form to Payroll MAIL CODE - OCC 204.

FOR PAYROLL USE ONLY												
TYPE	ACCOUNT #	ROUTING #	METHOD	PRENOTE	START DATE	STOP DATE	AMOUNT/%	INITIALS	YYPP			
CHECK												
C / S												
C / S												
C / S												
C / S												